

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only

COVER PAGE



**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) BENSOUSSAN (FIRST) PAMELA (MIDDLE) L

13 MAR 28 2013

CITY OF CHULA VISTA  
CITY CLERK'S OFFICE

**1. Office, Agency, or Court**

Agency Name

CITY OF CHULA VISTA

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

DEPUTY MAYOR

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of CHULA VISTA

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 9

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☒ **Schedule B - Real Property** – schedule attached

☒ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None** - No reportable interests on any schedule

**5.**

I have used all reasonable diligence in preparing this statement. The information herein and in any attached schedules is true and complete. I acknowledge and understand the consequences of providing false information.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/27/2013

(month, day, year)

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>BENSOUSSAN, PAMELA</b>

**▶ 1. BUSINESS ENTITY OR TRUST**

**PAMELA BENSOUSSAN APPRAISERS**

Name

**616 SECOND AVE., CHULA VISTA, CA 91910**

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

**APPRAISAL SERVICES**

FAIR MARKET VALUE

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/12    \_\_\_\_/\_\_\_\_/12  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT

☐ Partnership    ☒ Sole Proprietorship    ☐ Other

YOUR BUSINESS POSITION **OWNER, APPRAISER**

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☒ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☐ None

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/12    \_\_\_\_/\_\_\_\_/12  
ACQUIRED    DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    \_\_\_\_  
Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

**BENSOUSSAN ESTATE SERVICES**

Name

**616 SECOND AVE., CHULA VISTA, CA 91910**

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

**CONSULTING**

FAIR MARKET VALUE

- ☐ \$0 - \$1,999  
☒ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/12    \_\_\_\_/\_\_\_\_/12  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT

☐ Partnership    ☐ Sole Proprietorship    ☒ S-CORPORATION    ☐ Other

YOUR BUSINESS POSITION **SHAREHOLDER, DIRECTOR**

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☐ None

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/12    \_\_\_\_/\_\_\_\_/12  
ACQUIRED    DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    \_\_\_\_  
Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

BENSOUSSAN, PAMELA

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

616 SECOND AVENUE

CITY

CHULA VISTA, CA 91910

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust      ☐ Easement

☐ Leasehold \_\_\_\_\_  
Yrs. remaining      ☐ \_\_\_\_\_  
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

285 MOSS ST, #71

CITY

CHULA VISTA, CA 91910

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust      ☐ Easement

☐ Leasehold \_\_\_\_\_  
Yrs. remaining      ☐ \_\_\_\_\_  
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☒ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

RAFAEL & DENISSE ESTRADA

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

**SCHEDULE D**  
**Income – Gifts**

Name

**BENSOUSSAN, PAMELA**

► NAME OF SOURCE (Not an Acronym)

**AMERICAN PUBLIC WORKS ASSOCIATION**

ADDRESS (Business Address Acceptable)

**404 CAMINO DEL RIO S., SAN DIEGO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**BUSINESS ASSOCIATION**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 03 / 12	\$ 180.00	(2) ANNUAL DINNER
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

**AT&T**

ADDRESS (Business Address Acceptable)

**101 W. BROADWAY, SAN DIEGO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**UTILITY - BUSINESS**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 12	\$ 75.00	Chicano Fed - Lunch
10 / 26 / 12	\$ 65.00	Hispanic Chamber -
___ / ___ / ___	\$ _____	Awards Dinner

► NAME OF SOURCE (Not an Acronym)

**BARTELL ASSOCIATES**

ADDRESS (Business Address Acceptable)

**1764 SAN DIEGO AVE, SAN DIEGO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**INVESTMENT DEVELOPMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 20 / 12	\$ 85.00	CV Chamber Awards
10 / 05 / 12	\$ 110.00	SBCS Fundraiser
___ / ___ / ___	\$ _____	"Havana Nights"

► NAME OF SOURCE (Not an Acronym)

**Assemblymember Ben Huesso - CA 79th District**

ADDRESS (Business Address Acceptable)

**PO BOX 942849, SACRAMENTO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**ELECTED OFFICIAL**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 07 / 12	\$ 25.00	SDCDP Awards
___ / ___ / ___	\$ _____	Dinner
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

**BALDWIN & SONS**

ADDRESS (Business Address Acceptable)

**610 W. ASH ST., SAN DIEGO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**REAL ESTATE DEVELOPER - INVESTMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 23 / 12	\$ 170.00	(2) SD Regional EDC
___ / ___ / ___	\$ _____	Awards Dinner
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

**BEST, BEST & KRIEGER**

ADDRESS (Business Address Acceptable)

**500 CAPITOL MALL, SACRAMENTO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**LAW**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 06 / 12	\$ 116.00	League of Cities -
___ / ___ / ___	\$ _____	Annual Dinner
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>BENSOUSSAN, PAMELA</b>
--

► NAME OF SOURCE (Not an Acronym)  
**CALIFORNIA WOMEN LEAD**

ADDRESS (Business Address Acceptable)  
**1029 K ST., SACRAMENTO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**ADVOCACY GROUP**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 12	\$ 40.00	ANNUAL LUNCHEON
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)  
**CASA FAMILIAR**

ADDRESS (Business Address Acceptable)  
**268 W PARK AVE, SAN YSIDRO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**COMMUNITY NON--PROFIT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 24 / 12	\$ 250.00	FUNDRAISER
/ /	\$	"ABRAZO 2012"
/ /	\$	

► NAME OF SOURCE (Not an Acronym)  
**CHARLES COMPANY**

ADDRESS (Business Address Acceptable)  
**9034 W SUNSET BLVD, W. HOLLYWOOD, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**REAL ESTATE DEVELOPMENT & INVESTMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 12	\$ 65.00	DINNER-
/ /	\$	DONOVAN'S
/ /	\$	

► NAME OF SOURCE (Not an Acronym)  
**CHULA VISTA LIBRARY FOUNDATION**

ADDRESS (Business Address Acceptable)  
**365 F ST., CHULA VISTA, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**NON-PROFIT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 28 / 12	\$ 70.00	(2) FUNDRAISER
/ /	\$	"BON APPETIT"
/ /	\$	

► NAME OF SOURCE (Not an Acronym)  
**CLEANTECH SAN DIEGO**

ADDRESS (Business Address Acceptable)  
**91910 TOWNE CTR DR., SAN DIEGO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**ENVIRONMENTAL AGENCY**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 28 / 12	\$ 15.00	BREAKFAST
/ /	\$	RECEPTION-FORUM
/ /	\$	

► NAME OF SOURCE (Not an Acronym)  
**LA JOLLA PLAYHOUSE**

ADDRESS (Business Address Acceptable)  
**PO BOX 12039, LA JOLLA, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**PLAYHOUSE - THEATER**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 12	\$ 200.00	(2) SHOW & RECEIPT
07 / 17 / 12	\$ 200.00	(2) SHOW & RECEIPT
/ /	\$	

Comments: \_\_\_\_\_

Name

**BENSOUSSAN, PAMELA**

# **SCHEDULE D** **Income – Gifts**

## ▶ NAME OF SOURCE (Not an Acronym)

**LIVING COAST DISCOVER CTR (Bmbr J Calderon)**

ADDRESS (Business Address Acceptable)

**1000 GUNPOWDER POINT DR, CHULA VISTA, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**MUSEUM/AQUARIUM**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 02 / 12	\$ 65.00	FUNDRAISER
___ / ___ / ___	\$	"WHERE THE WILD
___ / ___ / ___	\$	THINGS ARE"

## ▶ NAME OF SOURCE (Not an Acronym)

**MCMILLIN REALTY**

ADDRESS (Business Address Acceptable)

**101 E 30TH ST, NATIONAL CITY, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**REAL ESTATE DEVELOPMENT - INVESTMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 21 / 12	\$ 35.00	SCEDC SUMMIT
___ / ___ / ___	\$	LUNCHEON
___ / ___ / ___	\$	

## ▶ NAME OF SOURCE (Not an Acronym)

**NMA (Neighborhood Market Association)**

ADDRESS (Business Address Acceptable)

**8923 LA MESA BLVD., LA MESA, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**BUSINESS ASSOCIATION**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 16 / 12	\$ 75.00	ANNUAL DINNER
___ / ___ / ___	\$	
___ / ___ / ___	\$	

## ▶ NAME OF SOURCE (Not an Acronym)

**MABPA (Mexican American Business Professionals)**

ADDRESS (Business Address Acceptable)

**3462 MAILTO DR, BONITA, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**BUSINESS ASSOCIATION**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 19 / 12	\$ 25.00	MABPA LUNCHEON
06 / 21 / 12	\$ 25.00	MABPA LUNCHEON
___ / ___ / ___	\$	

## ▶ NAME OF SOURCE (Not an Acronym)

**MOUNTAIN WEST**

ADDRESS (Business Address Acceptable)

**333 H ST, CHULA VISTA, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**REAL ESTATE DEVELOPMENT - INVESTMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 23 / 12	\$ 61.00	SAN YSIDRO
___ / ___ / ___	\$	HEALTH CENTER
___ / ___ / ___	\$	FUNDRAISER-GALA

## ▶ NAME OF SOURCE (Not an Acronym)

**PSAR (Pacific SW Association of Realtors)**

ADDRESS (Business Address Acceptable)

**880 CANARIOS COURT, CHULA VISTA, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**TRADE ASSOCIATION**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 12	\$ 49.00	INSTALLATION OF
___ / ___ / ___	\$	OFFICERS
___ / ___ / ___	\$	(PSAR/ESDCAR)

Comments:

Name

**BENSOUSSAN, PAMELA**

# **SCHEDULE D** **Income – Gifts**

## ▶ NAME OF SOURCE (Not an Acronym)

**PHYSICIAN'S CAPITAL INVESTMENT**

ADDRESS (Business Address Acceptable)

**2391 BOSWELL RD, CHULA VISTA, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**MEDICAL GROUP**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 12 / 12	\$ 45.00	DINNER -Opening
____ / ____ / ____	\$ _____	Day event
____ / ____ / ____	\$ _____	

## ▶ NAME OF SOURCE (Not an Acronym)

**PORT OF SAN DIEGO**

ADDRESS (Business Address Acceptable)

**3165 PACIFIC HWY, SAN DIEGO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**PORT OF SAN DIEGO ADMINISTRATION**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 10 / 12	\$ 45.00	Installation Dinner
05 / 15 / 12	\$ 20.00	Maritime Breakfast
11 / 07 / 12	\$ 75.00	"Seafood" Gala Award

## ▶ NAME OF SOURCE (Not an Acronym)

**REPUBLIC WASTE (ALLIED)**

ADDRESS (Business Address Acceptable)

**1700 MAXWELL RD., CHULA VISTA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**WASTE SERVICES**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 25 / 12	\$ 100.00	(2) Rotary Annual
____ / ____ / ____	\$ _____	Fundraiser
____ / ____ / ____	\$ _____	

## ▶ NAME OF SOURCE (Not an Acronym)

**PLANNED PARENTHOOD ACTION FUND**

ADDRESS (Business Address Acceptable)

**1075 CAMINO DEL RIO S., SAN DIEGO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**NON-PROFIT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 19 / 12	\$ 60.00	DINNER -
____ / ____ / ____	\$ _____	Roe vs Wade Anniver
____ / ____ / ____	\$ _____	

## ▶ NAME OF SOURCE (Not an Acronym)

**PORT TENANTS ASSOCIATION**

ADDRESS (Business Address Acceptable)

**SHELTER ISLAND DR, SAN DIEGO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**BUSINESS ASSOCIATION**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 11 / 12	\$ 75.00	Port Tenant Annual
____ / ____ / ____	\$ _____	Dinner
____ / ____ / ____	\$ _____	

## ▶ NAME OF SOURCE (Not an Acronym)

**SDAR (San Diego Association of Realtors)**

ADDRESS (Business Address Acceptable)

**4845 RONSON CT., SAN DIEGO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**TRADE ASSOCIATION**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 14 / 12	\$ 100.00	(2) DINNER-
____ / ____ / ____	\$ _____	Installation of Officers
____ / ____ / ____	\$ _____	

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

**BENSOUSSAN, PAMELA**

► NAME OF SOURCE (Not an Acronym)

**South County Economic Development Council**

ADDRESS (Business Address Acceptable)

**1111 BAY BLVD, CHULA VISTA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**ADVOCACY - BUSINESS & ECONOMIC**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 24 / 12	\$ 95.00	DINNER - San Ysidro
___ / ___ / ___	\$ _____	Chamber Installation
10 / 11 / 12	\$ 100.00	Tijuana Inovadora Con

► NAME OF SOURCE (Not an Acronym)

**SWC (Office of the Superintendent)**

ADDRESS (Business Address Acceptable)

**900 Otay Lakes Rd., Chula Vista, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**COMMUNITY COLLEGE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 12	\$ 100.00	SWC FOUNDATION
___ / ___ / ___	\$ _____	GALA
___ / ___ / ___	\$ _____	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE (Not an Acronym)

**SOUTHERN ELECTRIC**

ADDRESS (Business Address Acceptable)

**696 COCHRAN AVE, SAN DIEGO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**ELECTRICAL CONTRACTOR**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 07 / 12	\$ 85.00	(2) NECA Dinner -
___ / ___ / ___	\$ _____	Installation of Officers
___ / ___ / ___	\$ _____	

► NAME OF SOURCE (Not an Acronym)

**UCSD HEALTH SERVICES**

ADDRESS (Business Address Acceptable)

**600 W. ARBOR DRIVE, SAN DIEGO, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**COLLEGE DEPARTMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 28 / 12	\$ 15.00	American Cancer
___ / ___ / ___	\$ _____	Society Breakfast
___ / ___ / ___	\$ _____	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

Comments: \_\_\_\_\_



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**

**FAIR POLITICAL PRACTICES COMMISSION**

Name

BENSOUSSAN, PAMELA

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym)

San Diego County Regional Airport Authority

ADDRESS (Business Address Acceptable)

P.O. Box 82776

CITY AND STATE

San Diego, CA 92138

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Air Transportation

DATE(S): 08/08/12 - 08/09/12 AMT: \$56.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Provide parking - California Coastal Commission -  
Santa Cruz (Speaker).

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: